Please type a plus sign (+) inside this box

+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

OR

□ Declaration Submitted With Initial Filing

**⊠**Declaration

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| Attorney D cket Num  | TK-3410         | US NA     |         |     |               |
|----------------------|-----------------|-----------|---------|-----|---------------|
| First Named Inv nt r | ROBER<br>ET AL. | T ANTHO   | ONY MAF | RIN |               |
| С                    | OMP             | LETE IF K | NOWN    |     |               |
| Application Number   | 09/6            | 691,273   |         |     |               |
| Filing Date          | OCT             | TOBER 18, | 2000    |     |               |
| Group Art Unit       | UNK             | KNOWN     |         | PE  |               |
| Examiner Name        | UNK             | KNOWN     | /6      |     | SI)           |
|                      | 1               |           |         |     | <del></del> 1 |

JAN 2 9 2001 SHEW & TRADE

### As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if

| entitled:   | ten below           | n the subject m   | atter which is claimed ar  | id for writer a pa  |  | _  |  |
|---|---------------------|---|--|---|--|--|--|
| FLASH-SPUN SI   | HEET M              | ATÉRIAL   |  |   |  |  |  |
| the specification of  | which               | · (Title o  | f the Invention)   |   |  |  |  |
| is attached he  | reto                |   |  |   |  |  |  |
| OR  |                     |   |  |   |  |  |  |
| was filed on (f   | MM/DD/Y             | YYY) 10/18/2000   | as United St   | ates Application N  | lumber or PCT I  | nternational   |  |
| Application Number 09/691,273 and was amended on (MM/DD/YYYY) (if applicable).  |                     |   |  |   |  |  |  |
| I hereby state that I I amended by any am   |                     |   | nd the contents of the about to above.   | ove identified spec                                       | ification, includir  | ng the claims as   |  |
| continuation-in-part  | application         | ns, material infor  | which is material to pater<br>mation which became a<br>filing date of the continua | available betwee  | n the filing dat   |  |  |
| inventor's certificate  | , or 365(a          | ) of any PCT inter  | 5 U.S.C. 119(a)-(d) or 30 national application which                               | h designated at le  | east one country   | other than the   |  |
|   | certificate         |   | e also identified below, l<br>ernational application hav                           |   |  |  |  |
| patent or inventor's of which priority is claim<br>Prior Foreign  | certificate         |   | Foreign Filing Date  | ving a filing date t                                      | pefore that of the   |  |  |
| patent or inventor's of which priority is claim   | certificate         |   | ernational application hav   | ving a filing date t                                      | pefore that of the   | application on   |  |
| patent or inventor's which priority is clain  Prior Foreign  Application  | certificate         | or of any PCT into  | Foreign Filing Date (MM/DD/YYYY)   | ving a filing date t                                      | Certified Co   | e application on   |  |
| patent or inventor's which priority is clain  Prior Foreign  Application  | certificate         | or of any PCT into  | Foreign Filing Date (MM/DD/YYYY)   | Priority Not Claimed                                      | Certified C  | e application on opy Attached?   |  |
| patent or inventor's which priority is clain  Prior Foreign  Application  | certificate         | or of any PCT into  | Foreign Filing Date (MM/DD/YYYY)   | Priority Not Claimed                                      | Certified Co   | e application on opy Attached?   |  |
| patent or inventor's of which priority is claim<br>Prior Foreign<br>Application   | certificate         | or of any PCT into  | Foreign Filing Date (MM/DD/YYYY)   | Priority Not Claimed                                      | Certified Co   | e application on opy Attached?  NO   |  |
| patent or inventor's of which priority is claim  Prior Foreign  Application  Number(s)  | certificate<br>ned. | Country   | Foreign Filing Date (MM/DD/YYYY)   | Priority Not Claimed                                      | Certified Co   | e application on opy Attached?  NO   |  |
| patent or inventor's of which priority is claim  Prior Foreign Application Number(s)  | certificate<br>ned. | Country   | Foreign Filing Date (MM/DD/YYYY) Country   | Priority Not Claimed                                      | Certified Co YES   | NO CONTRACTOR CONTRACT |  |
| patent or inventor's of which priority is claim  Prior Foreign Application Number(s)  | pplication          | Country  numbers are listed                                 | Foreign Filing Date (MM/DD/YYYY) Country  on a supplemental priorit                | Priority Not Claimed                                      | Certified Co YES   | NO CONTRACTOR CONTRACT |  |
| patent or inventor's which priority is claim Prior Foreign Application Number(s)  Additional foreign a I hereby claim the be ApplicationNumber 60/160,021 | pplication          | Country  numbers are listeder 35 U.S.C. 119(e) Filing Date  | Foreign Filing Date (MM/DD/YYYY) Country  on a supplemental priorit                | Priority Not Claimed  U  U  ty data sheet PTC  Additional | Certified Co YES  Comparison of the Comparison o | e application on opy Attached?  NO  Dominion of the control of the |  |
| patent or inventor's which priority is claim Prior Foreign Application Number(s)  Additional foreign a I hereby claim the be ApplicationNumber            | pplication          | Country  numbers are listed er 35 U.S.C. 119(e) Filing Date | Foreign Filing Date (MM/DD/YYYY) Country  on a supplemental priorit                | Priority Not Claimed  U U U U U U U U U U U U U U U U U U | Certified Co   | e application on opy Attached?  NO  Opy Attached?  NO  Option of the control of the control option of the control option of the control option option of the control option optio |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **DECLARATION** — Utility or D sign Pat nt Application

| Direct all correspondence to:   Customer Number or Bar Code Label  Customer Number or Bar Code Label  Customer Number or Bar Code Label  A Customer Number or Bar Code Label  Customer Number or Bar Code Label  A Customer Number or Bar Code Label  Customer Number or Bar Code Label  Customer Number or Bar Code Label |   |          |        |           |     |                     |              |        |                    |  |  |
|--|---|----------|--------|-----------|-----|---------------------|--------------|--------|--------------------|--|--|
| Name   |   |          |        |           |     |                     |              |        | 1015               |  |  |
| Address  |   |          |        |           |     |                     |              |        | 20000              |  |  |
| Address  | JAN 2 9 2001 g.;  |          |        |           |     |                     |              |        |                    |  |  |
| City   |   | <u>-</u> |        |           |     | State ZIP SILVIET   |              |        | FRANCIA TRANSPARTE |  |  |
| Country  |   | ·        | Telep  | hone      |     |                     |              | Fax    |                    |  |  |
| information an<br>false statemer   | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |          |        |           |     |                     |              |        |                    |  |  |
| NAME OF SOL  | E OR FIRST  | INVENT   | OR:    |           |     | A petition has b    | een filed fo | r this | unsigned inventor  |  |  |
| Given Name   | <u> </u>  |          |        |           |     | Family Name or Su   | rname        |        |                    |  |  |
| (first and middle  | e [if any])   | ROBER    | RT ANT | HONY      |     | MARIN               |              |        |                    |  |  |
| Inventor's<br>Signature  | Rob   | A        | Z.,    | Marin     | -   | Robert anthony      | , Marin      | . D    | ate<br>/2 /8 /00   |  |  |
| Residence: City  |   |          | Sta    | ate       |     | Country             |              | С      | itizenship         |  |  |
| MIDLOTHIAN   |   |          | VA     |           |     | U.S.A.              |              |        | U.S.A.             |  |  |
| Mailing Address  | s 1460  | 1 GILD   | ENBO   | ROUGH DRI | IVE |                     |              |        |                    |  |  |
| Mailing Address  | <b>s</b>  |          |        |           |     |                     |              |        | ·                  |  |  |
| City   |   | State    |        |           | ZII | ρ                   | Country      |        |                    |  |  |
| MIDLOTHIAN   |   | VA       |        |           | 23  | 3113 U.S.A.         |              |        |                    |  |  |
| NAME OF SEC  | OND INVENT  | OR:      |        |           |     | ☐ A petition has be | en filed for | this   | unsigned inventor  |  |  |
| Given Name   |   |          |        |           |     | Family Name or Su   | rname        |        |                    |  |  |
| (first and middle  | e [if any])   | LARRY    | R.     | _         |     | MARSHALL            |              |        |                    |  |  |
| Inventor's<br>Signature  | Lu  | vn       | R.     | Ma        | m   | hall                |              | D      | DEC. 11, 2000      |  |  |
| Residence: City  |   |          |        | State     |     | Country             |              |        | Citizenship        |  |  |
| CHESTERFIELD   |   |          |        | VA        |     | U.S.A.              |              |        | U.S.A.             |  |  |
| Mailing Address  | s 8950 W  | ATERF    | OWL F  | LYWAY     |     |                     |              |        |                    |  |  |
| Mailing Address  | S   |          |        |           |     |                     |              |        |                    |  |  |
| City   |   | State    |        |           |     | ZIP                 |              | Co     | ountry             |  |  |
| CHESTERFIELD   |   | VA       |        |           |     | 23838               |              | U.:    | S.A.               |  |  |
| Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |   |          |        |           |     |                     |              |        |                    |  |  |

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| DECLARATION                           |                       | ADDITIONAL INVENTOR(S) Supplemental Sheet |                          |         |                            |  |  |
|---------------------------------------|-----------------------|---|--------------------------|---------|----------------------------|--|--|
| 5202                                  |                       | PE  | Pag <u>1</u> of <u>1</u> |         |                            |  |  |
|                                       |                       | <del>6</del> ,                            | <u>C</u>                 |         |                            |  |  |
| Name of Additional Joint Inventor, in | any                   | JAN 2 9 20                                | ற பிA petition has bee   | n filed | for this unsigned inventor |  |  |
| Given Name (first and middle          | e [if any]            | ) JAN -                                   | Family Name or Surname   |         |                            |  |  |
| BARBARA K.                            |                       | PATENT & TRAT                             | a HEE                    | O'R     | OURKE                      |  |  |
| Inventor's Balkara A                  | C. C                  | Poru                                      | ke                       |         | Date 12/13/00              |  |  |
| Residence: City RICHMOND              | Sta                   | ate VA                                    | Country U.S.A.           |         | Citizenship U.S.A.         |  |  |
| Mailing Address 8903 RAMS CR          | OSSING                | COURT                                     |                          |         |                            |  |  |
| Mailing Address                       |                       |   |                          |         |                            |  |  |
| City<br>RICHMOND                      | State                 | VA  | ZIP 23236                | Cou     | intry U.S.A.               |  |  |
| Name of Additional Joint Inventor, if | any:                  |   | ☐ A petition has bee     | n filed | for this unsigned inventor |  |  |
| Given Name (first and middle          | e (if any)            | )   | Fami                     | ly Nan  | ne or Surname              |  |  |
|                                       |                       |   |                          |         |                            |  |  |
| Inventor's<br>Signature               |                       |   |                          |         | Date                       |  |  |
| Residence: City                       | Sta                   | nte                                       | Country                  |         | Citizenship                |  |  |
| Mailing Address                       |                       |   |                          |         |                            |  |  |
| Mailing Address                       |                       |   |                          | i.      |                            |  |  |
| City                                  | State                 |   | ZIP                      | intry   |                            |  |  |
| Name of Additional Joint Inventor, if | any:                  |   | A petition has been      | n filed | for this unsigned inventor |  |  |
| Given Name (first and middle          | e [if any]            | )   | Family Name or Surname   |         |                            |  |  |
|                                       |                       |   |                          |         |                            |  |  |
| Inventor's<br>Signature               |                       | ·   |                          |         | Date                       |  |  |
| Residence: City                       | Residence: City State |   |                          | •       | Citizenship                |  |  |
| Mailing Address                       |                       |   |                          |         |                            |  |  |
| Mailing Address                       |                       |   |                          |         |                            |  |  |
| ity State                             |                       |   | ZIP Country              |         | intry                      |  |  |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### 09/691,273 **Application Number OCTOBER 18, 2000** Filing Date **POWER OF ATTORNEY OR** ROBERT ANTHONY MARIN ET AL. First Named Invent r **AUTHORIZATION OF AGENT** UNKNOWN **Group Art Unit** UNKNOWN Examiner Name **TK-3410 US NA Attorney Docket Number**

| I hereby appoint:  |                           | 1 _                       |                       |                       |  |  |
|--|---------------------------|---------------------------|-----------------------|-----------------------|--|--|
| □ Practitioners at Customer Number     □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □             | 23906                     |                           | PATENT TRADEMA        | ABK OFFICE            |  |  |
| OR   |                           |                           | NAME OF TRADES        | EK OFFICE             |  |  |
| ☐ Practitioner(s) named below:   |                           |                           |                       | _                     |  |  |
| Name   |                           | Registration              | Number                |                       |  |  |
| THOMAS W. ST   | EINBERG                   | 37,0                      | 13                    |                       |  |  |
|  |                           |                           |                       |                       |  |  |
|  | <del> </del>              |                           |                       |                       |  |  |
|  |                           |                           |                       |                       |  |  |
|  | and the analization ide   |                           |                       | l<br>n the Detect and |  |  |
| as my/our attorney(s) or agent(s) to prose<br>Trademark Office connected therewith.  | ecute the application ide | entined above, and to tra | ansact all business i | n the Patent and      |  |  |
| Please change the correspondence addre   | ess for the above-identif | fied application to:      |                       |                       |  |  |
| ☐ The above-mentioned Customer Num   | ber.                      |                           |                       |                       |  |  |
| OR   |                           |                           |                       |                       |  |  |
| ☐ Firm <i>or</i><br>Individual Name  |                           |                           |                       |                       |  |  |
| Address  |                           |                           |                       |                       |  |  |
| Address  |                           |                           |                       |                       |  |  |
| City   | St                        | ate                       | ZIP                   |                       |  |  |
| Country  |                           |                           | •                     |                       |  |  |
| Telephone  | F                         | ax                        |                       |                       |  |  |
| I am the:  |                           |                           |                       |                       |  |  |
| Applicant.   |                           |                           |                       |                       |  |  |
| Assignee of record of the entire inte  | erest. See 37 CFR 3.71    |                           |                       |                       |  |  |
| Certificate under 37 CFR 3.73(b) is e  | enclosed. (Form PTO/S     | B/96).                    |                       |                       |  |  |
| SIG  | NATURE of Applicant       | or Assignee of Recor      | d                     |                       |  |  |
| Name ROBERT ANTHONY MA   |                           |                           |                       | -                     |  |  |
| Signature Robert antho   | my Marin                  |                           |                       |                       |  |  |
| Date 12/8/00   |                           |                           |                       |                       |  |  |
| NOTE: Signatures of all the inventors or<br>Submit multiple forms if more than one s |                           |                           | their representativ   | e(s) are required.    |  |  |
| ★Total of 3 forms are submitted.   | <u> </u>                  |                           | -                     |                       |  |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

| Application Number     | 09/691,273                  |
|------------------------|-----------------------------|
| Filing Date            | OCTOBER 18, 2000            |
| First Named Inventor   | ROBERT ANTHONY MARIN ET AL. |
| Group Art Unit         | UNKNOWN                     |
| Examiner Name          | UNKNOWN                     |
| Attorney Docket Number | TK-3410 US NA               |

| I hereby app<br>⊠ Practition |                            | tomer Number                              | 23906  |           |                       | PATENT TRADEMA      | ARK OFFICE         |
|------------------------------|----------------------------|---|--|-----------|-----------------------|---------------------|--------------------|
| ☐ Practition                 | ner(s) name                | ed below:                                 |  |           |                       |                     |                    |
| -                            |                            | Name                                      |  |           | Registration N        | lumber              |                    |
|                              |                            | THOMAS W. ST                              | EINBERG                                      |           | 37,013                | 3                   | 1                  |
|                              |                            |   |  |           |                       |                     | 1                  |
|                              |                            |   |  |           |                       |                     |                    |
|                              |                            |   |  |           |                       |                     |                    |
| as my/our a<br>Trademark     | attorney(s) of Office conr | or agent(s) to prose<br>nected therewith. | cute the application is                      | dentifie  | d above, and to trans | sact all business i | n the Patent and   |
|                              | _                          | respondence addre                         | ess for the above-iden                       | itified a | pplication to:        |                     |                    |
| Firm or Individu             | ıal Name                   |   |  |           |                       |                     |                    |
| Address                      |                            |   |  |           |                       |                     |                    |
| Address                      |                            |   |  |           |                       |                     |                    |
| City                         |                            |   |  | State     |                       | ZIP                 |                    |
| Country                      |                            |   |  |           |                       |                     |                    |
| Telephone                    |                            |   |  | Fax       |                       |                     |                    |
| I am the:<br>☑ Appli         | cant.                      |   |  |           |                       |                     |                    |
|                              |                            |   | rest. See 37 CFR 3.7<br>Inclosed. (Form PTO) |           |                       |                     |                    |
|                              |                            | SIGI                                      | NATURE of Applica                            | nt or A   | ssignee of Record     |                     |                    |
| Name                         | LARRY                      | R. MARSHALL                               | 21   |           |                       |                     |                    |
| Signature                    | Fw                         | vin R. 1                                  | Vanteel                                      | 1         |                       |                     |                    |
| Date                         |                            | ODEC.                                     | 11,2000                                      | <i>.</i>  |                       |                     |                    |
|                              |                            |   | assignees of record<br>ignature is required, |           |                       | eir representativ   | e(s) are required. |
|                              |                            | re submitted.                             |  |           |                       |                     |                    |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|                        | Applicati n Number     | 09/691,273                  |
|------------------------|------------------------|-----------------------------|
| POWER OF ATTORNEY OR   | Filing Date            | OCTOBER 18, 2000            |
| POWER OF ATTORNEY OR   | First Named Invent r   | ROBERT ANTHONY MARIN ET AL. |
| AUTHORIZATION OF AGENT | Group Art Unit         | UNKNOWN                     |
|                        | Examiner Name          | UNKNOWN                     |
|                        | Attorney Docket Number | TK-3410 US NA               |
|                        |                        |                             |

| I hereby appe<br>☑ Practition |                            | tomer Number                              | 23906  |          | <b></b>                |         |              |                    |
|-------------------------------|----------------------------|---|--|----------|------------------------|---------|--------------|--------------------|
| OR                            |                            |   |  |          |                        | PAT     | ENT TRADEMA  | RK OFFICE          |
| ☐ Practition                  | ner(s) name                | ed below:                                 |  |          | •                      |         |              |                    |
|                               |                            | Name                                      |  |          | Registration N         | umbe    | r            |                    |
|                               |                            | THOMAS W. ST                              | EINBERG  |          | 37,013                 |         |              |                    |
| l                             |                            |   |  |          |                        |         |              |                    |
|                               |                            |   |  |          |                        |         |              |                    |
|                               |                            |   |  |          | · · · · · · · ·        |         |              |                    |
| as my/our a<br>Trademark      | ittorney(s)<br>Office coni | or agent(s) to prose<br>nected therewith. | cute the application ide                       | entified | l above, and to trans  | sact al | l business i | n the Patent and   |
|                               | -                          | respondence addre                         | ess for the above-identificer.                 | fied ap  | pplication to:         |         |              |                    |
| Firm <i>or</i><br>Individu    | al Name                    |   |  |          |                        |         |              |                    |
| Address                       | -                          |   | ,  |          |                        |         |              |                    |
| Address                       |                            |   |  |          |                        |         |              |                    |
| City                          |                            |   | St   | ate      |                        | ZIP     |              |                    |
| Country                       |                            |   |  |          |                        |         |              |                    |
| Telephone                     |                            |   | F  | ах       |                        |         |              |                    |
| l am the:<br>☑ Applic         | ant.                       |   |  |          | ····                   |         |              |                    |
|                               |                            |   | rest. See 37 CFR 3.71<br>enclosed. (Form PTO/S |          | •                      |         |              |                    |
|                               |                            | SIGI                                      | NATURE of Applicant                            | or As    | signee of Record       |         | 12 12 12     |                    |
| Name                          | BARBA                      | RA K. O'ROURK                             | E,   |          |                        |         |              |                    |
| Signature                     | Bai                        | bara.                                     | K ORouk  | ٧        | _                      |         |              |                    |
| Date                          | T                          | 12/13/00                                  |  |          |                        |         |              |                    |
| NOTE: Sign                    | atures of a                | all the invertors or                      | assignees of record of ignature is required, s | f the e  | entire interest or the | eir rep | oresentativo | e(s) are required. |
|                               | •                          | re submitted.                             | -G is is alminos, o                            |          |                        |         |              |                    |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.